Zoning Variance Application

Town of Moncks Corner Department	Planning
Variance #:	Date:
Property Owner:	Do Not Write In This Space
Owner Address:	
Owner Phone Number:	Advertised:Public Hearing:
Applicant:	Receipt #:
Applicant Address:	Property Posted:
Appheant Address.	Fee Paid:
Applicant Phone Number:	Application Taken By:
Property Interest:	
Property Location: (a plat must accompany	this application)
Tax Map Number:	Lot Dimensions:
7 ' 01 '0' '	
Use of Property:	Lot Area:
Property Characteristics:	
Has any application involving this property Commission or Board of Appeals? If yes,	been considered previously by the Moncks Corner Planning please state details.
I request a variance from the following procan be used in a manner indicated by the pi Please explain reasons for request and any	
Signature of Applicant:	Date:
	of the property(s) involved in this application and further that I (we) designate
Approved Date:	Owner Date
Chairman Roard of Anneals	